## **CALFRESH (CF) PROGRAM** REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit

*	Questions from Administrative Law Judges may be submitted direct where the hearing took place, with a copy of the form directed to the RESPONSE NECTOR DUE TO	ctly t	to the CalFresh Policy analyst	assigned responsibility to the county			
1.		5.	DATE OF REQUEST:  2/18/16	NEED RESPONSE BY: ASAP			
	☐ QC ☐ Fair Hearing	6. 7.	COUNTY/ORGANIZATION: Contra Costa County SUBJECT:				
	Li Other:	'	Foster care child				
2.	REQUESTOR NAME: Audry Gonsalvez	8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references)  NOTE: All requests must have a regulation cite(s) and/or a reference(s).				
3.	PHONE NO.: (925) 313-1641		63-402.34; 63-402.322				
4.	REGULATION CITE(S):						
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):  Household of 4 comes in to apply. Mother is parent to both children and dad is parent to one child. However both child are in Foster Care. They are now being returned temporarily to the parents for a one month trial. Parents have come in to apply for CalFresh. Are these children eligible to apply for CalFresh? If so do we use or not use the Foster Care monies.?						
10.	REQUESTOR'S PROPOSED ANSWER:						
	<ol> <li>Since the children are not currently in receipt of CalFresh, they may be eligible to CalFresh if all other conditions of eligibility are met by the HH. No income will be used since the household is not in receipt of this foster care income.</li> </ol>						
	OR						
	2. Since the children are only there for a month and there is no way to confirm if they will remain ongoing, we do not them in the HH and only grant benefits for the parents if otherwise eligible.						
	STATE POLICY RESPONSE (CFPB USE ONLY):						
	Per MPP 63-402.13 all four members should apply as a same household. Eligibility should be determined based on the circumstances in the month of application (MPP 63-503.11) and if parents actually receive foster care monies in trial month then it will be considered unearned income (MPP 63.502.142).						

FOR	FOR CDSS USE				
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:				
2/18/2016 CF 24 (7/12)	03/04/16 (SV 916-654-1940)				

CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)						
1.	RESPONSE NEEDED DUE TO:  Policy/Regulation Interpretation  QC Fair Hearing Other:	5. 6.	NEED HEST ONSE BT.			
		7.	SUBJECT:			
2.	REQUESTOR NAME:	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).				
3.	PHONE NO.:					
4.	REGULATION CITE(S):					